

# State of California

TCCCM # T 03-\_\_\_\_\_

## Temporary Certified Competent Conveyance Mechanic (TCCCM)

### 1. Company Certifying Competency

Company Name \_\_\_\_\_

CSLB # \_\_\_\_\_

CQCC Qualifying Individual \_\_\_\_\_

CQCC # \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email addresses \_\_\_\_\_

### 2. Certification Type

**Applicant indicates the Type of Certification for which the person designated as the TCCCM is qualified. The applicant does understand that this certification does not release the applicant from obtaining any other license which may be required by the Contractor's State Licensing Board or any other agency for this TCCCM.**

☐ **General Certification.** This certification qualifies the designated person as a TCCCM, with all the rights and privileges of a CCCM, on all conveyances covered by California Labor Code, Part 3, Chapter 2. The entire application must be completed, signed, and submitted to the Division for processing.

**Limited Certification.** The applicant should check the appropriate box or boxes and complete the entire application. This certification limits the designated person as a TCCCM on specific conveyances. The entire application must be completed, signed and submitted to the Division for processing.

Dumbwaiter and Material Lift

Platform Lifts and Inclined Stairway Chair Lifts

Vertical and Inclined Reciprocating Conveyors

Funiculars

Belt Manlifts

Escalator and Moving Walk

Special Access Elevators

Automated People Movers as defined by ASCE 21

Other Automatic Guided Transit Vehicles on Guideways

### 3. Qualifying Temporary Mechanic's Information

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Drivers License number or  
other State issued ID # \_\_\_\_\_

State \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email addresses \_\_\_\_\_

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### 4. Qualification Method

Complete the appropriate section below. A candidate may qualify as a TCCCM by either method 1 or method 2.

#### 4A. Qualifying Method 1

Candidate has one year of experience in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code and is a second year apprentice. Applicant must attach verification of status as a second year apprentice and show one year of work experience in Section 5.

#### 4B. Qualifying Method 2

Candidate has two years of experience in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code and is enrolled in a nationally recognized training program or has completed 8 hours of instruction related to conveyance work or code knowledge. Applicant must document two years of work experience in Section 5 and attach verification of enrollment in a nationally recognized training program or eight hours of training.

### 5. Qualification Experience

Experience. Describe duties and dates of employment evidencing the qualifying candidate with the actual work experience documented in Section 4 in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code.

#### Present Position

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device and industry activity.)			

#### Previous Employer (if necessary)

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device and industry activity.)			

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### 6. Employer's Verification and Need for a TCCCM

Verify the information below by checking the boxes.

The qualified person possesses a copy of the Elevator Industry Field Employees Safety Handbook and has received training in its contents.

The qualified person is able to perform the required work without direct and immediate supervision.

In the space below provide a statement indicating the necessity of a TCCCM and attaching verification of this necessity. This may be in the form of a current out of work listing provided by a recognized labor organization or other verifiable means acceptable to the division.

The application fee for the 30 day certification shall be thirty five dollars (\$35.00). The fee shall be attached to this application in the form of a check made out to the Department of Industrial Relations, Elevator Safety Account. This certification expires 30 days from the issue date. If a TCCCM is needed beyond 30 days a new application and fee must be submitted.

By checking this box the CQCC is requesting that a new TCCCM certificate be issued automatically every thirty days for a period of six months (no new application and no additional fees are required). If the CQCC does not use the candidate as a TCCCM for that period of time the CQCC must inform the Division of that fact. If at the end of the six months the CQCC stills needs a TCCCM a new application and fee must be submitted.

I as representative of the CQCC certify under penalty of perjury that the information contained in this application is verified as true and accurate.

Signature

Company/Title

Date

**NOTE: Applicant and qualified person understand that this certification cannot be held concurrently with certification as a Certified Qualified Conveyance Inspector.**

Completed applications may be returned to the following address:

State of California  
Division of Occupational Safety and Health  
Elevator, Rides and Tramway Unit, Certification Section  
2424 Arden Way Suite 340  
Sacramento, CA 95825  
Phone: (916) 274-5709  
Fax: (916) 263-3576